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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 18

Application Number	09/931,629
Filing Date	08/16/2001
First Named Inventor	Steve Goodman
Art Unit	2131
Examiner Name	Chai, Longbit
Attorney Docket Number	RPS920010046US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Copy of 132 Declaration; Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Winstead Sechrest & Minick P.C.		
Signature			
Printed name	Kelly K. Kordzik		
Date	03/07/2006	Reg. No.	36,571

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Toni Stanley	Date	03/07/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



MAR 09 2006

PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 500; \$110 check

Complete if Known

Application Number	09/931,629
Filing Date	08/16/2001
First Named Inventor	Steve Goodman
Examiner Name	Chai, Longbit
Art Unit	2131
Attorney Docket No.	RPS920010046US1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order

Deposit Account None

Deposit Account Number
50-3533
Deposit Account Name
Lenovo, Inc.

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below - only appeal brief fee
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity	Fee Paid (\$)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

Subtotal (1) \$

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 4 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims **Fee (\$)** **Fee Paid (\$)**

Subtotal (2) \$

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity	Fee Paid (\$)
1-month extension of time	120	60	110
2-month extension of time	450	225	_____
3-month extension of time	1,020	510	_____
4-month extension of time	1,590	795	_____
5-month extension of time	2,160	1,080	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	500	250	_____
Filing a brief in support of appeal	500	250	500
Request for oral hearing	1,000	500	_____
Other: _____			

Subtotal (3) \$ 500/\$110 check

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36.571	Telephone 512.370.2851
Name (Print/Type)	Kelly K. Kordzik		
	Date 3-7-06		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Mail Stop Appeal Brief - Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Inventor(s): Goodman et al.
Title: FLASH UPDATE USING A TRUSTED PLATFORM MODULE
Serial No.: 09/931,629
Docket No.: RPS920010046 (44458-P015US)

ENCLOSED:

- This return receipt postcard
- 1 page PTO Form 21 – Transmittal form
- 1 page – PTO Form 17 – Fee Transmittal (in duplicate)
- 1 page – PTO Form 22 – Petition for Extension of Time
- 11 pages Appeal Brief
- Firm Check for 120.00

KK/tls
03/07/2006

IDS, PTO/SB/08A-B, # Ref: _____
 Assignment - \$ _____ DUE: _____ MAILED: _____
 Assignment Cvr Sheet
 Mailed Via: EXPRESS MAIL No: _____ OR Certificate of Mailing

